

Patient Fact Sheet

For more information, call the Pregnancy RiskLine 1-800-822-2229.



West Nile Virus Infection in Pregnancy and Breastfeeding



In every pregnancy, a baby has a 3% chance of being born with a birth defect. This rate is called the "background risk." More research is needed to determine if West Nile Virus increases the background risk. The following information will help you protect yourself from West Nile Virus during pregnancy or while you are breastfeeding.

What is West Nile Virus (WNV)?

West Nile Virus is a virus that can infect humans, birds, mosquitoes, horses and some other mammals. It is commonly found in Africa, West Asia and the Middle East, and since 1999, in the United States. The risk of getting WNV is low.

You cannot get WNV from birds or horses. If an infected mosquito bites a human, the human can become infected. The incubation period (the time from bite to the start of symptoms) is usually three to 14 days.

What are the symptoms of WNV?

Most people infected with WNV will *not* have any type of illness. It is estimated that 20% of the people infected will develop WNV fever. Symptoms include a fever, headache, tiredness, body aches, swollen lymph glands, and sometimes a skin rash that develops on the trunk of the body.

Of the people infected, *less than 1%* will develop severe infection that leads to encephalitis (inflammation of the brain) or meningitis (inflammation of the membrane around the brain and spinal cord). These symptoms include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis.

For most people, the symptoms of WNV last only a few days. Symptoms of encephalitis or

meningitis may last several weeks. If you get a high fever with severe headaches, call your health care provider.

How is WNV treated?

There is no specific treatment for WNV. Tylenol (acetaminophen) may help relieve some minor symptoms of WNV. Severe infections may require hospitalization.

I am pregnant, how do I prevent mosquito bites?

Pregnant women should protect themselves when outdoors by using a mosquito repellent that contains DEET. With normal use, DEET does not increase the risk of birth defects or other pregnancy problems.

It is suggested that pregnant and breastfeeding women follow the same recommendations that are given for children's use of DEET, including wear long-sleeved shirts and long pants, a hat and shoes with socks. Apply the lotion to the hands, neck, face, and wrists, then spray clothing and hat. Since DEET can be absorbed, covering only small areas of skin is advised. Using DEET is essential if you are outdoors during mosquitoes active time, early morning and evening.

To further decrease your exposure to mosquitoes, frequently change the water in birdbaths and outdoor water containers in which mosquitoes might breed.

I am pregnant and have been diagnosed with WNV, can this harm my baby?

More research is necessary to say for certain what problems babies may have when exposed to WNV during pregnancy. Few viruses during pregnancy increase the risk for birth defects and rarely cause fetal loss. Some viruses have been found to cause problems in babies.

I've been diagnosed with WNV, should I continue to breast-feed?

WNV has been known to enter into breastmilk, however, the effect on the breast-fed infant is unknown. Infants and young children infected usually have mild symptoms and rarely develop WNV fever. The Centers for Disease Control and Prevention report, "because the health benefits of breastfeeding are well established, and the risk for WNV transmission through breastfeeding is unknown, these findings do not suggest a change in breastfeeding recommendations." Also, the American Academy of Pediatrics recommends that infants be breast-fed for a full year. Talk with your pediatrician about continuing to breastfeed if you have a confirmed active case of WNV.

I'm breastfeeding, can I use DEET?

Breastfeeding mothers can also protect themselves from mosquito bites by using DEET. No reports or problems associated with using

DEET while breastfeeding have been noted. The application of DEET while breastfeeding is the same as that in pregnancy.

References:

CDC. Interim Guidelines for the Evaluation of Infants Born to Mothers Infected with West Nile Virus During Pregnancy. *MMWR* 2004; 53(07); 154-156.

Committee on Infectious Disease, American Academy of Pediatrics: 2003 Red Book: Report of the Committee on Infectious Diseases, 26th Edition.

CDC. Intrauterine West Nile Virus Infection-- New York, 2002. *MMWR* 2002; 51(50); 1135-1136.

CDC. Possible West Nile Virus Transmission to an Infant Through Breastfeeding --- Michigan, 2002. *MMWR* 2002; 51 (39): 877-878.

If you have questions about medications, chemicals or infections during pregnancy or while breastfeeding, call the **Pregnancy RiskLine at 328-2229 (Salt Lake area) or 1-800-822-2229 (outside of Salt Lake).**

The Pregnancy RiskLine (PRL) is a joint effort between the Utah Department of Health and the University of Utah Health Sciences Center and has been educating health care providers and families about exposures in pregnancy and breastfeeding for more than 20 years.

The PRL thanks the WNV in Pregnancy working group for support of this fact sheet.